	•	10/807.831												
								4	aplication	n or i	Docket Nur	nber ·]	
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								6	7-	o. '	2		10/0	262 0
		CLAIMS A	rmn 2) ·		SMALL E	YTTIK	OR		R THAN ENTITY	1.78	1/83			
T	OTAL CLAIMS	;	23			•		RATE	FEE]	RATE	FEE.		
FOR			NUMBER FILED MUNB			ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	·	
TOTAL CHARGEABLE CLAIMS			9-3 minus 20= 5			3		X\$ 9=	474	OR	X\$18=			•
DNI	DEPENDENT C	LAIMS	minus 3 = 3			?		X43=	129	OR	X86=	.:		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	1	OR				
* If the difference in column 1 is less than zero. enter "0" in column 2								TOTAL	991	lon	L			
CLAIMS AS AMENDED - PART II										J	OTHER		•	
_	<u> </u>	(Column 1)-	1	(Colum	51	(Column 3)	i	SMALL	ADDI-	OR 1	SMALL	ADDI-		
ENTA	7/18/06	REMAINING APTER AMENOMENT		PREVIO	USLY	PŘESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	•	
AMENDMENT	Total	· 23	Mirrus	-23	3			X2 9= ·		OR	X\$18=		•	
E	Independent	. 6	Minus	- (>	<u> -</u>		X43=	. (OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	BR	+290=	_		
۸	15/07		•		•		٠ ا	TOTAL		OR	TOTAL ADDIT FEE			•
J	12101	(Column 1)	·	(Colum	ın Ż)	(Calumn 3)	_ '	ADDIT. FEE			AUCH L'PEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE		
	Total	. 73	Minus	-2	3	• :] [X3 9=		OR	X\$18=			
ME	Independent	• 9	Minus	 (c	2	· <u>گ</u>		<u> </u>	300	OR	XB6=			
	FIRST PRESE	NTATION OF ML	ALTIPLE DEF	ENDENT	CLAIM		ľ	+145a		OR	+290=		,	
		· .	•	••		*	Į	TOTAL	300 p	7	TODE		•	
	٠.	(Column 1)	,	Colum	n 23	(Column 3)		voort FEE (,,,,,	ADDIT. FEED	•	•	
AMENDMENT C	109-07	CLAIMS REMADERS . AFTER AMENOMENT		RIGHE MADE PREVIOL PAID R	ST ER VUSU	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
OME	Total	• 14	Mhus		2	- /	ľ	X\$ 8=	FEE		X\$18=	FEE		
MEN	Independent	· 2.	Minus	- (0	- /	ŀ	X43=		OR)00Es			<u> </u>
4	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		 			OB.				
If the entry is entry in the last then the standard is entry in the last and it.											+290=			
-	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE													
. 1	The "Highest Nurs	ber Previously Peic	i For (Total or	Independen	in the	Nighest numbe	r four	nd in this appr	ropriate bax	in coi	umn 1.	•		